

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | ✓ | | | | | |
| 2 | | ✓ | | | | |
| 3 | | ✓ | | | | |
| 4 | | ✓ | | | | |
| 5 | | ✓ | | | | |
| 6 | | ✓ | | | | |
| 7 | | ✓ | | | | |
| 8 | | ✓ | | | | |
| 9 | | ✓ | | | | |
| 10 | | ✓ | | | | |
| 11 | ✓ | | | | | |
| 12 | ✓ | | | | | |
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| 31 | ✓ | | | | | |
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| 38 | | ✓ | | | | |
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| 41 | | ✓ | | | | |
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| 45 | | ✓ | | | | |
| 46 | | ✓ | | | | |
| 47 | | ✓ | | | | |
| 48 | | ✓ | | | | |
| 49 | | ✓ | | | | |
| 50 | | ✓ | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | | | | | |

| | ★ | | ★ | | ★ | |
|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | ✓ | ✓ | | | | |
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| 100 | | | | | | |
| TOTAL IND. | 8 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 43 | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | 51 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY